

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2007**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

**25880.0019**

Application Number **10/809,717**

Filed **October 1, 2007**

For **METHOD OF ESTABLISHING RULES FOR A DEVICE WHICH IS INTENDED TO BE ABLE TO BE USED FOR GENERATING DECISION SUPPORT**

Art Unit **2121**

Examiner **Michael B. Holmes**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee		Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1020
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

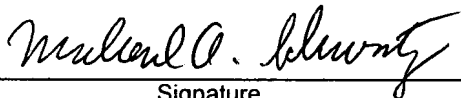
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to

Deposit Account Number **50-4047(25880.0019)** enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number **40,161**
- ☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. **41,488**.



Signature

Michael A. Schwartz

Typed or printed name

October 1, 2007

Date

202.373.6000

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives must be submitted. If more than one signature is required, see below.

- ☒ Total of **1** form is submitted.

02 FC:1253

1050.00 DA

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**for FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **1,810.00****Complete if Known**

Application Number	10/809,717
Filing Date	March 26, 2004
First Named Inventor	Hans-Ove Hagelin
Examiner Name	Michael B. Holmes
Art Unit	2837
Attorney Docket No.	4258800019

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: **50-4047 (4258800019)** Deposit Account Name: **BINGHAM McCUTCHEN LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**  
Fee (\$)

Each independent claim over 3 (including Reissues)

Fee (\$)

Multiple dependent claims

50

25

200

100

360

180

**Total Claims****Extra Claims****Fee(\$)****Fee Paid (\$)**

\_\_\_\_\_ -20 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****Extra Claims****Fee(\$)****Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)****3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)****Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Request for Cont. Examination (RCE) \$790.00; 3-Month Petition For****Extension of Time; \$1,020.00 = \$ 1,810.00****SUBMITTED BY**

Signature	<i>Michael A. Schwartz</i>	Registration No. (Attorney/Agent)	40,161	Telephone	(202) 373.6000
Name (Print/Type)	Michael A. Schwartz	Date	October 1, 2007		

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